

5101525

ISSUED BY **BEST AVAILABLE COPY** (for multiple cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | K | 19 | 3-16 |
| O.I.P.E. CLASSIFIER | K | 1019 | 4-901 |
| FORMALITY REVIEW | SC | 1019 | 04.27.01 |
| RESPONSE FORMALITY REVIEW | SC | 1019 | 9/14/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date | Claim | Date | Claim | Date |
|----------------|------|----------------|------|----------------|------|
| Final Original | | Final Original | | Final Original | |
| 1 | | 51 | | 101 | |
| 2 | | 52 | | 102 | |
| 3 | | 53 | | 103 | |
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If more than 150 claims or 10 actions
staple additional sheet here